

An Essay on
Follicular disease of the Throat
Respectfully Submitted
to the
Faculty
of the
Homoeopathic
Medical College
of

Pennsylvania
For the degree of Doctor of Medicine
on the
First day of February Eighteen Hundred
and Fifty nine

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Colicidal disease of the throat

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Follicular disease of the Throat

²¹Follicular Disease, so prevalent at the present time, was little known as such until within the last quarter of a century. Did it exist prior to this time, medical men seemed entirely unacquainted with it, as a separate and distinct disease — did they know it, we undoubtedly should have had its description; but their writings previous to 1830 make no allusion to it. During this year, an epidemic influenza prevailed in this country, as well as, throughout all Europe. Whether this, or the causes producing the epidemic, had any influence in increasing the frequency of

The disease now under consideration is unknown — whether so or not, we learn that Cholera followed closely its footsteps in many parts of the world, while in America, this epidemic preceded that, so aggravating — now known as Follicular disease. This disease, might have existed long prior to the present Century. Deaths from Throat ail, might have been as numerous eighty years ago as now, but Physicians only knew the cause then, as some form of Cynanche, which bears a striking resemblance to Follicular disease in its symptoms. The seat of this disease is the follicles of the mucous membrane, lining the mouth, pharynx, and airpassages. This membrane is a prolongation of the skin, covered with an

epithelium — a soft structure, differing principally from the epidermis of the skin in its being moist. There are two kinds of epithelium — the tessellate or pavement, and the cylindrical. The cells of the cylinder epithelia, have the form of conoid cylinders, resting on the mucous membrane side by side; their free extremities are fringed with minute hair like filaments, known as the cilia. These cilia are constantly in motion, even for some time after death; their office seems to be, to propel the various secretions to the exterior orifices. It is this form — the ciliated epithelium, we find lining the posterior surface of the velum, the fauces, and air passages. The mucous membrane of the pharynx is extremely vascular.

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and its follicles large and abundant, especially superiorly; beneath it is the muscular layer. In the oesophagus the membrane is thick, firm, and thrown into folds, which, when it is distended are obliterated; and internally, it is penetrated by the ducts of the glands, situated here and there beneath it. The larynx too, is abundantly supplied with follicles. At the base of the epiglottis, we have quite an aggregation of follicles, the ducts of which, penetrate the laryngeal membrane. The tracheal lining, is still more abundantly supplied, than is the laryngeal. At the bifurcation of the trachea, are found a number of dark coloured lymphatic glands, somewhat larger than the follicles, the

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function, of which is unknown — these are the Bronchial glands. More particular notice, might perhaps here be taken of the follicles as found in the various portions of the fauces and air-passages. Seeing too, 'tis with these we are more particularly interested — the subject of our treatise being their diseased state; 'tis these little follicles we so often find involved in a disease stubborn in character — bidding fair to baffle most remedial agents, and one that has carried off many, who, had their lives been spared, might probably have been a blessing to the world. The follicles scattered through out the pharynx, and air-passages are both simple and compound

in their structure. Those of the lips and mouth are simply, closed cells - while at the base of the tongue, and epiglottis, we find a number, clustered together, their several ducts joining, to form one common outlet - the *Foramen Cæcum*. Near this are the papillae of the tongue - a dozen or more, diverging in two lines, from an angle anterior to the foramen. These are conoidal in shape. The amygdalae, seem composed of an aggregated mass of follicles, enveloped in folds of the mucous membrane - the ducts of which, penetrate the membrane lining the sulci on their internal face. The glands of the pharynx are large, abundant, ovoid in form, and situated beneath the

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membrane; they are very numerous at the posterior nares, and at the posterior portion of the pharynx. At the openings of the eustachian tubes are two, larger than those surrounding and lobulated in structure. The follicles of the uvula are large and very numerous at its extremity. The glands of the oesophagus appear to be formed of follicles, the ducts of which enter into, and form a common outlet, which penetrates the mucous membrane in such a manner as to exert the tendency of swallowed substances blocking up ~~the~~ its mouth. At the upper part of the larynx are the openings of several submucous follicles; here also we find some of the ducts of the epiglottidian

follicles. The follicles of the trachea small and numerous, are situated in some parts beneath the fibrous, and in others - the muscular coats, their ducts penetrating the three tissues - muscular, fibrous, and mucous. The healthy secretion of the follicles is a bland, transparent mucous, the use of which is undoubtedly to lubricate the parts.

Pathology - In this, as in most diseases, we do not find it assuming its stubborn form at the commencement, and perhaps, were the primary congestive stage properly attended to, Follicular disease would at present, be almost or entirely unknown. In the commencement the mucous membrane - in health of a pink

or light rose color — from some unto-
 ward influence / hereafter to be noticed /
 becomes slightly congested — the cause
 not being removed, it acts as an irritant,
 and instead of resolution taking place,
 it daily assumes a brighter hue until
 at length the natural pink, changes
 into that of a dark red color. This
 state of the membrane may exist uni-
 versally, or it may attack some one part
 in particular, hence receiving the ap-
 pellation of tonsillitis, pharyngitis, or
 laryngitis. When one part of the mucous
 membrane becomes involved in disease,
 it is, if not arrested, very liable to attack
 the adjacent parts; hence a buccal inflam-
 mation, may proceed until finally, it
 involves the pharynx and larynx.

This primary form of congestion is often accompanied with tumefaction, and discharge of mucous; or it may be merely very red and dry. The symptoms accompanying this state are generally, a dryness in the mouth and fauces - tickling in the pharynx, and sometimes in the ears, with constant disposition to swallow, a feeling in the pharynx as though rancid fat had been swallowed - and drinking, gargling the throat, or swallowing, relieve these sensations but for a short time. Apart from these feelings, the patient appears quite well. The above simple congestion and inflammation are often the precursors of Follicular disease - which consists

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essentially, in inflammation of the mucous follicles — subacute in character, which may result in hypertrophy, ulceration or induration, and often in, deposition of tuberculous matter in their structure. This primary congestion generally subsides, inasmuch, as the patient, thinks himself entirely recovered; but in time his attention is again attracted to the affection, by an unusual dryness at the upper part of the pharynx, while at the same time there is not any thirst. Still, this gives him little uneasiness, and he, as it were, throws it aside, in fact, so insidious is this disease in its approach, and so gradual its advance, that in many cases, it

has existed many months, ever the presence of any prominent, local symptom, calls the attention of the individual to the presence of the affection. But, when once the mind becomes directed to the throat, the patient becomes aware of an uneasy sensation, sometimes amounting to a burning; there is a constant disposition to swallow, as though there were some obstacle to remove; more frequently, the patient attempts to clear the throat by hawking, which, nevertheless is often ineffectual, of a tickling at the top of the larynx; at the same time, there is an alteration in the tone of the voice, there appears to be a want of power, in the vocal organs—hoarse-

ness being present. This weakness sometimes seems to arise from a sensation as of mucus coating and clogging the upper part of the larynx; at others, the patient feels as though the lungs were weak and had not power to force the air between the relaxed chords sufficiently strong, to produce the usual sound. A difficulty of speaking is experienced in the evening, on becoming warm, and this generally accompanied with flushing of the face and fauces. The hoarseness at first, is scarcely perceived in the morning or after a meal, but is much increased, on the fauces becoming dry, which often is the case, about eleven o'clock in the

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morning/ or after speaking or reading
louder and louder than usual.

There is an increase in the secretion
of saliva, and generally soreness
about the larynx, more evident on
pressure. In this stage there is
seldom any cough - should there
be, it is often the effect of an
elongated uvula - tickling the top
of the larynx. The disease may
remain in this condition a long time,
sometimes years; at times nearly dis-
appearing, then, from some vicissi-
tude of the atmosphere, long ex-
ercise of the vocal organs, or par-
taking of indigestible food, again
appearing in an aggravated form.

On looking at the throat, instead

of the normal pink, or rose color, we shall see the mucous membrane denuded of its epithelium, presenting a raw, granular appearance; also, numerous little eminences - the hypertrophied glandulae, especially at the posterior and upper surface of the pharynx; sometimes there can be seen little patches of congested membrane, while the surrounding tissue is of its natural color; again - little patches of a grayish color, appearing a little depressed - these are ulcerated glandulae, covered with their viscid secretion; - a slimy shred of mucus hanging from the velum palati; the tonsils look red, and the uvula

much elongated and congested; the ramifications of its vessels may be distinctly seen. Accompanying this state of the tissues, there is a weary feeling of the body, the limbs soon tire when walking, and perspiration breaks out during, even slightly exercise; there is a pain apparently just behind the sternum, its whole length, producing much uneasiness if the arms be violently moved; pains are also felt, shooting from the larynx to the muscles of the neck, also to the face and occiput. The spirits are less buoyant, and there is often an aversion, to take part in the festivities and social meetings of life; and an

indisposition to conversation. As the disease advances, and the follicles at the base of the epiglottis; as well as the laryngeal glandulae, become involved in the morbid action, the symptoms are much aggravated.

The hoarseness becomes more constant, speaking, or reading aloud is accomplished with difficulty, and is followed by pain in the laryngeal region; the languor increases; and should the ventricles of the larynx, and vocal chords be much diseased, the patient becomes unable to speak aloud — his voice assuming a mere whisper.

The disease, if unarrested does not continue long, in this

comparatively uncomplicated state.
The follicles of the oesophagus become inflamed and ulcerated, which sometimes prevents anything being swallowed, for when an attempt is made to pass food, excruciating pain is the result. Sometimes an oesophageal follicle ulcerates through to the trachea - producing a channel, which is soon followed by death. Again, the disease may extend to the nares - ulcers may form on the velum, sometimes entirely destroying it.

Not an unfrequent complication ~~of~~ is inflammation of the eustachian tube, the lining membrane of which becomes inflamed, and passes on to suppuration; the matter being some-

times discharged from the pharyngeal orifice, at others from the external meatus; the pain is sometimes severe, but always troublesome; there is a constant tickling in the ear - a buzzing and roaring in the tympanum and shooting pains through the tube; when the abscess is forming, the passage of air being interrupted, deafness on the affected side ensues - The matter discharged is of a dark brown sometimes black color, having an extremely foetid odour - this state of the tube may alternate with apparent health. The follicles of the trachea may also become ulcerated, giving rise to dyspnoea, and pain on pressing the tracheal region:

Sometimes when coughing, the expectoration flies out of the mouth in small round particles; perforation also, may take place from the trachea, into the oesophagus with similar results, as before mentioned. It is also not unfrequently accompanied with a chronic catarrh of the schneiderian membrane, which, with the oft recurring sneezing, aggravates the sufferings of the patient. Not unfrequently, there is a tuberculous deposit as before mentioned, in the various follicles; but more especially in the upper lobes of the lungs.

The follicular secretion in this disease, becomes of a greater

consistence than normally; it looks like cakes of soft jelly - very tenacious and rope. It is often discharged in little lumps the size of a pea; these little loles, consisting of numerous little lobules, the size of a pins head - when placed between the finger and thumb, it may be pulled out, to some extent, adhering to both. Its nature is acrid, and instead of lubricating, acts as an irritant - excoriating the surrounding membrane; sometimes tis stained with blood, which is emitted from some of the denuded capillaries; or, in case of ulceration being present, it may assume a purulent character.

The causes of follicular disease are numerous. As in tuberculosis of the lungs, it is sometimes hereditary. We often see ^{it} developed in persons of a stumorous diathesis. Impure air, such as found in crowded rooms, or ~~ill~~ ventilated apartments. Debility, from too severe mental and physical exercises. Anxiety. Cold seems to have a tendency to develop it; perhaps this might be considered an exciting cause: this disease appears to be more prevalent in the colder regions of the north than in the more congenial atmosphere of the south — although, the latter is by no means exempt from its attacks. Severe exercises of the vocal

organs especially in a close room, then going into the cold air unprotected, even for a few moments; until the throat becomes, as it were, acclimated to the change.

An attack of influenza, a man, in a great degree predispose, by weakening the parts involved to this malady. Indigestion too; and perhaps above all the inordinate use of mercury; in many instances, this is the primary cause; its action being on the parts directly involved in this disease — and as no organ once subjected to disease can be again restored to its primeval state — so, after the gums have been touched, as the applicable

saying, we must of necessity find a state, less capable of resisting an exciting cause, of some one or other of the affections, these parts are so subject to. Age and sex ~~to~~ have some influence; the age, at which it most generally attacks, being between twenty and thirty five. Males are more often attacked than females; this undoubtedly results, from their more frequent exposure to its exciting causes.

nd Treatment. The first thing to be attended to, is the removing far as possible, the ^{predisposing and} exciting causes. The patient should take daily exercise in the open air; wash in

cold water every morning - taking care to dry himself thoroughly, rubbing until the skin becomes quite warm; should mingle in cheerful society - eat nothing but easily digested food; and protect, as far as possible, from atmospheric changes; under this course, the system becomes energetic, and braces itself in a great degree, against the depressing influence of the disease.

The principal remedies are few; those that may be used as adjuvants are numerous.

For the primary - congestive stage *aconitum napellus* in most instances will prove sufficient; if not, *Bella*

lenna or *Mercurius solubilis* will generally bring about resolution.

Those most applicable in the chronic form are - *Mercurius Sodatus*, *Hepar sulphuris*, *Arsenicum*, and *Carbo vegetabilis*; if arising from *Syphilis* - *Mercurius corrosivus*; if from abuse of mercury - *Thuja occidentalis*, *Nitric acid*, *Hepar sulphuris*, and *Aurum*; if from dyspepsia and severe mental exertion *Crude antimony*, *Nux vomica*, *Bryonia*, and *Phosphorus*. If accompanied with a scrofulous diathesis - intercurrent doses of *Sulphur*, or *Calcareo carbonica* will be found useful; *Silicia* or *Hepar sulphur* should there be suppuration of the follicles; if the

patient complains of weakness of the lungs Phosphorus may be given sometimes with advantage.

There are three or four principal medicines on which the Physician may most rely; but in the course of the disease, some one or other, of the above enumerated, will be required. The particular indications for each medicine might be given, but each one must use his own judgment, sufficient time being allowed to examine the merits of each.

Thankful may the Physician be, who, with all our means, brings his labours to a successful issue.